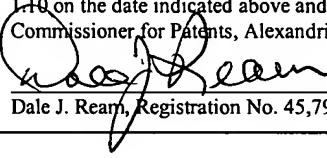


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of)
)
Gary Lee Hawk)
)
Serial No. _____) Attn: Applications Branch
)
Filed: _____)
)
For: Patient Lifting Apparatus)
)

Certificate of Express Mailing	
Date of Deposit	10-12-03
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I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Alexandria, VA 22313-1450	
 Dale J. Ream, Registration No. 45,798	

DECLARATION OF GARY LEE HAWK

Assistant Commissioner of Patents
Washington D.C. 20231

Sir:

I, Gary Lee Hawk hereby declare as follows:

1. That I am a joint inventor of the invention contained in the above-identified patent application; and
2. That I am now over 65 years of age.

I further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these

statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code, and that such will false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: October 21 2003

Gary Lee Hawk
Inventor: Gary Lee Hawk

677 South Stage Rd.
Address

Medford, Oregon - 97501
City, State Zip

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket Number	60873
First Named Inventor	Gary Lee Hawk
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Patient Lifting Apparatus

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number **24230** OR Correspondence address below

Name **Dale J. Ream**
PATENT TRADEMARK OFFICE

Address

City	State	ZIP
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Gary Lee	Family Name or Surname	Hawk
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Inventor's Signature <i>Gary Lee Hawk</i>	Date 10-31-2003		
Residence: City Medford	State OR	Country USA	Citizenship USA

Mailing Address
677 South Stage Road

City Medford	State OR	ZIP 97501	Country USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Linda L.	Family Name or Surname	Hawk
Inventor's Signature <i>Linda L Hawk</i>	Date 10-31-03		
Residence: City Medford	State OR	Country USA	Citizenship USA

Mailing Address
677 South Stage Road

City Medford	State OR	ZIP 97501	Country USA
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Caleob		King					
Inventor's Signature					Date	10/09/03	
Residence: City	Lawrence	State	KS	Country	USA	Citizenship	USA
Mailing Address							
Mailing Address P.O. Box 418							
City	Ottawa	State	KS	ZIP	66067	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

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